



Please type a plus sign (+) inside this box   +Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to:  Customer Number or Bar Code Label **000530** OR  Correspondence address below

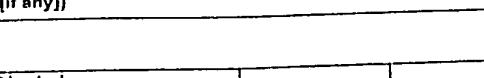
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **Robert Joseph** Family Name or Surname **Foster**Inventor's Signature  Date **Dec 8/05**Residence: City **Calgary** State \_\_\_\_\_ Country **Canada** Citizenship **Canada**Mailing Address: **Box 85, Site 6, RR5** City **Calgary** State **AB** ZIP **T2P 2G6** Country **Canada**NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **Douglas** Family Name or Surname **Costall**Inventor's Signature  Date \_\_\_\_\_Residence: City **Okotoks** State \_\_\_\_\_ Country **Canada** Citizenship **Canada**Mailing Address: **Box 694** City **Okotoks** State **AB** ZIP **T0C 1P0** Country **Canada** Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.